

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013090

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2839** STATE FILE NUMBER

1. FILED MAR 20 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE MISSOURI COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) ST. LOUIS, MISSOURI Length of stay in 1b 36 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) VAH, 915 N. GRAND AVE. Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2502 N. GRAND AVE. Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LESLIE CAMPBELL		4. DATE OF DEATH 3/8/63	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/12/68
9. AGE (last birthday) 68 Months 6 Days 28 Hours Min. 		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLDG. MAINT.	
11. BIRTHPLACE (City and state or country) KOSCIUSKO, MISSISSIPPI, U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HENRY CAMPBELL		13b. MOTHER'S MAIDEN NAME PRUDENCE SPIKES	
14. NAME OF HUSBAND OR WIFE LAURVELL CAMPBELL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	
16. SOCIAL SECURITY NO. 4201		17. INFORMANT LAURVELL CAMPBELL (FRIEND) SEE #2	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:30 A.M. Month 3 Day 8 Year 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) VAH, ST. LOUIS, MO.		20f. CITY, TOWN, OR LOCATION ST. LOUIS, MO. COUNTY ST. LOUIS STATE MO.	
21. // attended the deceased from 2/1/63 to 3/8/63 and last saw him 3/8/63 Death occurred at 11:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M.D. MORRIS PHILPOTT		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 3/8/63		22d. LOCATION (City, town, or county) Jefferson Brks, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-13-63	23c. NAME OF CEMETERY OR CREMATORY National	23d. LOCATION (City, town, or county) Jefferson Brks, Mo
24. FUNERAL DIRECTOR JAS H. RANDLE & SDN 3133 Bell Ave		25. DATE RECD. BY LOCAL REG. MAR 11 1963	
26. REGISTRAR'S SIGNATURE Earl Smith M.D.			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Esther K. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.